Boston Body Jacket Order Form

Date:_____ Due Date:_____ PO #:_____ Contact:_____
Ship To:_____ Ship Via:_____ Email:_____
Address:_____ Account #:_____ Phone:_____
City:_____ State:_____ Zip:_____ Scan Label:_____

Patient ID:_____ Ht:____ft____in Wt:_____lbs
Age:_____ Sex:_____ Diagnosis:_____

	G-Tube Relief	Baclofen Pump Relief
Waist to Device	cm	cm
Center to Device	cm	cm
PT's Side	☐ Left ☐ Right ☐ Cut Out	☐ Left ☐ Right

Anatomical Measurements

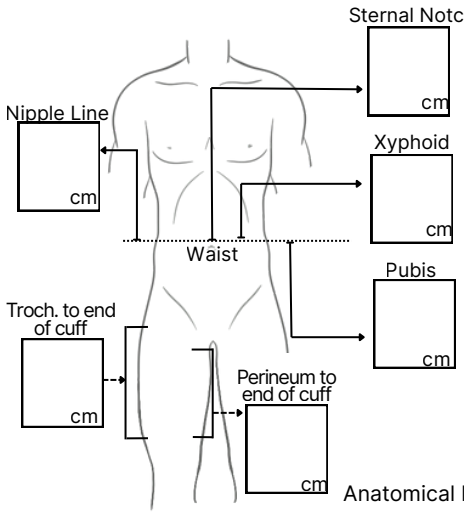
	Cir.	M/L	A/P
Axilla	cm	cm	cm
Nipple Line	cm	cm	
Xyphoid	cm	cm	cm
Waist	cm	cm	cm
ASIS	cm	cm	
Trochanter	cm	cm	cm
3" Distal to Perineum	cm	cm	
3" Proximal to Knee Center	cm	cm	

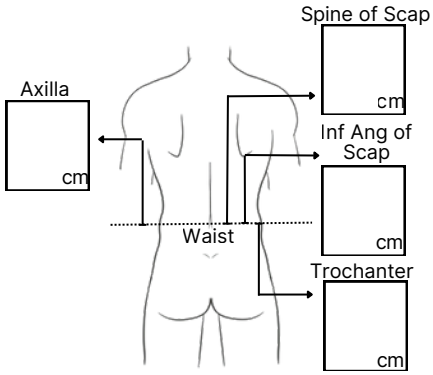
Sternal Notch

Sym. Pubis

Shape Capture

☐ Scan ☐ Cast ☐ Measure Only
**All measurements required*





Anatomical LENGTHS taken from waist

Cuffs

☐ Left ☐ Right
☐ Detached ☐ Integrated
Flexion Degree _____°
Abduction Degree _____°
Joint Type
☐ Drop Lock ☐ B3

☐ Build Breasts into orthosis
Cup Size: ____*
** Waist to nipple line required in best seated position*

Guard

☐ Kidney ☐ Spleen
☐ Left Opening ☐ Right Opening

Brace Modifications

Percent Symmetry/Flexibility

☐ **Full Symmetry**
☐ 50% Symmetry
☐ As is

Lordosis

☐ **15 degrees**
☐ Match scan/cast
☐ Other: ____

Abdominal Relief

☐ **Neutral**
☐ Other: _____

Options

☐ Wide Tongue
☐ Shoulder Straps
☐ Buckles Posterior
☐ Adjustable Length Straps
☐ Extended Buckles

Brace Design

Opening

☐ Posterior
☐ Anterior
☐ Bivalve
☐ Left Lateral
☐ Right Lateral

Overlaps

☐ Smooth overlap
☐ Butting overlap
☐ Tongue: 1/8' Firm

Inner Liner

☐ **Aliplast 3/16"**
☐ Aliplast 1/8"
☐ Aliplast 1/4"
☐ Unlined

Straps

☐ **White**
☐ Black

Plastic

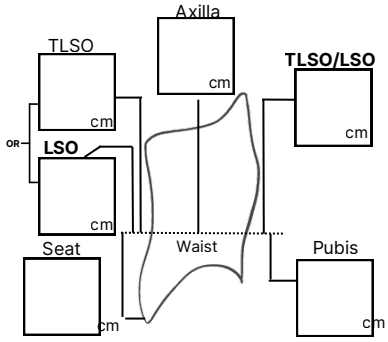
☐ **LDPE 5/32"**
☐ Other:_____

Transfer

1st_____
2nd_____

Stock Transfers Only @ OPSB.com/customize-your-brace

Finished Trimlines



Finished

☐ **Yes** ☐ OPSB Trim
☐ No ☐ Customer Trim

Scoli Tees

☐ Single
☐ Double Qty:_____

Notes:

37 Shuman Ave Stoughton MA 02072 - customerservice@opsb.com